Vote By Mail
Accessible Application

William Francis Galvin
Secretary of the Commonwealth

Section 1- Voter Information: Provide your name, the address where you are registered to vote, date of birth and email address.

Name _____

Address of Voter Registration: _____

Date of Birth: _____   Phone Number (optional): _____

E-mail Address (required): _____

Section 2 - Ballot Information: Choose which ballot(s) you want to receive by mail. Choose a primary ballot option if you are not registered in a party. If you want to print your marked ballot and return by mail or by hand, provide your mailing address for the local election official to send you the appropriate envelopes. If you intend to return your ballot electronically, you do not need to provide a mailing address.

Elections:

    All Elections This Year

    A Specific Election (specify date): _____

Primary Ballot (choose one):

    Democratic

    Republican

    Libertarian

    No Primary Ballots

    Mailing Address _____

Section 3 - Accommodations: Check the appropriate boxes to request an accommodation.

    Voter seeks access to the Accessible Vote by Mail system because voter is unable to independently mark a paper ballot.

    Voter signed with a typewritten name because they cannot independently insert a hand-drawn signature.

Section 4 - Assistance: If you're helping someone complete this application, or you're requesting a ballot for a family member, fill out this section. If you are assisting the voter, sign the voter's name below. If you are requesting for a family member, sign your name below.

    Voter required assistance in completing application due to physical disability

    Assisting person's name: _____

    Assisting person's address: _____

    This application is being made by a family member

    Relationship to Voter: _____

➡ Signed (under penalty of perjury): _____   Date: _____

Submitting the Application: Send this completed application to the local election office for your city or town. Find contact information for local election officials at www.VoteInMA.com or by calling 1-800-462-VOTE (8683).

Application Deadlines: This application must reach your local election office by 5 p.m. on the fifth business day before Election Day.